

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
MORRIS	GEORGE "RED"	A.	808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITOL CONSULTANTS OF HAWAII			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 202-737-6662	
AMERICAN ACADEMY OF OPHTHALMOLOGY		
MAILING ADDRESS (Street)	FAX 202-737-7061	
1101 VERMONT AVE, NW SUITE 700		
(City)	(State)	(Zip Code)
WASHINGTON	DC	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY		
MAILING ADDRESS (Street)	FAX 808-533-4601	
222 SOUTH VINEYARD STREET, SUITE 401		

RECEIVED BY U.S. MAIL

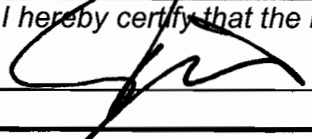
(City)	(State)	(Zip Code)
HONOLULU	HI	96813-2453

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture <input type="checkbox"/> Communications & Public Utilities <input type="checkbox"/> Consumer Protection & Commerce <input type="checkbox"/> Culture, Arts, Historic Preservation <input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Education <input type="checkbox"/> Government Operations & Finance <input type="checkbox"/> Hawaiian Affairs <input checked="" type="checkbox"/> Health <input type="checkbox"/> Housing	<input type="checkbox"/> Human Services <input type="checkbox"/> Intergovernmental Relations, International Affairs <input type="checkbox"/> Labor & Employment <input type="checkbox"/> Planning, Land & Water Use Management <input type="checkbox"/> Public Safety & Corrections	<input type="checkbox"/> Science, Technology & Economic Development <input type="checkbox"/> Tourism & Recreation <input type="checkbox"/> Transportation <input type="checkbox"/> Other: (indicate below)
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PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

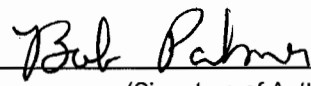


(Signature of Lobbyist)

2/6/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
BOB PALMER	state. DIRECTOR, GOVERNMENT AFFAIRS	
NAME OF ORGANIZATION (if applicable)		TELEPHONE 202-737-6662
AMERICAN ACADEMY OF OPHTHALMOLOGY		
MAILING ADDRESS (Street)		FAX 202-737-7061
1101 VERMONT AVENUE, NW SUITE 700		
(City)	(State)	(Zip Code)
WASHINGTON	DC	20005
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		<p style="font-size: 1.2em; font-weight: bold;">2-06-06</p>
(Signature of Authorizing Officer or Person Represented)		(Date)